

**Honorable Gus Bilirakis**  
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727-773-2871; 1-866-773-2871 (toll free); 727-784-6471 (fax)

**PRIVACY FORM**

In compliance with the Freedom of Information and Privacy Acts, I hereby authorized  
Congressman Gus Bilirakis to obtain information concerning me in the files of:

\_\_\_\_\_  
(Department or Agency)

**PLEASE PRINT:**

NAME

(Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_ Other \_\_\_\_\_)

ADDRESS

(Street) \_\_\_\_\_

(City) \_\_\_\_\_

( State) \_\_\_\_\_

( Zip) \_\_\_\_\_

TELEPHONE

(Home) \_\_\_\_\_

(Business or Cell) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_

(Such as VA#, CSA#, Claim #)

HAVE YOUR REQUESTED ASSISTANCE FROM THIS OFFICE BEFORE? \_\_\_\_\_

If yes, regarding: \_\_\_\_\_

HAS ANOTHER CONGRESSIONAL/SENATE OFFICE BEEN CONTACTED REGARDING THIS ISSUE? \_\_\_\_\_

PLEASE STATE THE NATURE OF PROBLEM (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_